IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER, GOVERNOR
RICHARD M. ARMSTRONG, DIRECTOR

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BUREAU OF FACILITY STANDARDS
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Boise, Idaho 83720-0036
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February 25, 2009

Teresa Carpenter
Preferred Community Homes Courtyard
615 Second Avenue West
Wendell, ID 83355

RE: Preferred Community Homes - Courtyard, Provider #13G057

Dear Ms. Carpenter:

This is to advise you of the findings of the Complaint Survey of Preferred Community Homes - Courtyard, which was conducted on February 5, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 10, 2009,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by March 10, 2009. If a request for informal dispute resolution is received after March 10, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

SHERRI CASE
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

SC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/26/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G057	A. BUILDING _____ B. WING _____	C 02/05/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - COURTYARD	615 SECOND AVENUE WEST WENDELL, ID 83355

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W 000	INITIAL COMMENTS The following deficiencies were cited during the complaint survey. The surveyors conducting the survey were: Sherri Case, LSW, QMRP, Team Leader Matthew Hauser, QMRP Common abbreviations used in this report are: IPP - Individual Program Plan QMRP - Qualified Mental Retardation Professional	W 000	**W 000 INITIAL COMMENTS** "Preparation and implementation of this plan of correction does not constitute admission or agreement by Courtyard with the facts, findings or other statements as alleged by the state agency dated February 5, 2009. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Courtyard – Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."	
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure significant events were promptly reported to the parents and/or guardians for 2 of 3 individuals (Individuals #1 and #3) reviewed who were involved in an abuse investigation. This resulted in the potential lack of advocacy for individuals by parents/guardian. The findings include: 1. Individual #1 was a 10 year old male diagnosed with profound mental retardation. The "Parent Notification List" signed by Individual #1's guardian, undated, documented the guardian wanted to be notified immediately (day or night) regarding any investigation involving individual	W 148	**W 148 483.420(C)(6) COMMUNICATION WITH CLIENTS, PARENTS &** All "Parent Notification List" will be reviewed and filed in a Parent Notification binder, they will be reviewed, when ever there is a complaint or I&A report filed. Parents will be notified immediately according to there list. The RSC will double check all investigations and I & A's immediately to ensure that the deficient will not recur. To be completed by the Administrator, & RSC by 03/09/09.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa Carpenter — TITLE: Admin — (X6) DATE: 3/6/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 148	Continued From page 1 #1. The Administrator stated on 2/3/09 at 11:55 a.m., that she was currently investigating an allegation related to staff verbally abusing Individuals #2 and #3 and physically abusing Individual #1. The Administrator stated a staff person reported to her the day before (on 2/2/09) that staff were yelling at Individuals #2 and #3 and one staff hit Individual #1. The Administrator stated the staff person reported the alleged abuse occurred on 1/29/09 and 1/30/09. When asked about the guardian notification for Individual #1, the Administrator stated on 2/5/09 at 10:45 a.m., Individual #1's guardian was not notified until the morning of 2/3/09. 2. Individual #3 was a 15 year old male diagnosed with profound mental retardation. The "Parent Notification List" signed by Individual #3's guardian, dated 7/14/05, documented the guardian wanted to be notified immediately (day or night) regarding any investigation involving Individual #3. The Administrator stated on 2/3/09 at 11:55 a.m., that she was currently investigating an allegation related to staff verbally abusing Individuals #2 and #3 and physically abusing Individual #1. The Administrator stated a staff person reported to her the day before (on 2/2/09) that staff were yelling at Individuals #2 and #3 and one staff hit Individual #1. The Administrator stated the staff person reported the alleged abuse occurred on 1/29/09 and 1/30/09. When asked about the guardian notification for	W 148		

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W 148	Continued From page 2 Individual #3, the Administrator stated on 2/5/09 at 10:45 a.m., Individual #3's guardian was not notified until the morning of 2/3/09. The facility failed to ensure the guardians for Individuals #1 and #3 were immediately notified of the investigation.	W 148		
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on review of the facility's policies and procedures, record review, and staff interview it was determined the facility failed to adequately develop policies necessary to protect individuals from abuse, neglect, and/or mistreatment for 5 of 5 individuals (Individuals #1, #3, and #5 - #7) who were under the age of 18 and resided at the facility. This resulted in the potential for allegations of abuse, neglect, mistreatment and/or injuries of unknown origin to go unreported to the Child Protection agency. The findings include: 1. The facility's Abuse, Neglect, Mistreatment and Injuries of an Unknown Source policy, revised 10/2/08, did not include time frames or the conditions for reporting allegations of abuse, neglect, mistreatment, and/or injuries of unknown origin to the child protective agency. Further, the policy did not include guidelines for reporting such occurrences to other officials including law enforcement agencies in accordance with state law.	W 149	**W 149 483.420(d)(1) STAFF TREATMENT OF CLIENTS** The facility's Abuse, Neglect, Mistreatment and injuries of an Unknown Source Policy, will be revised to add child protection services and to include time frames. Policies will be read and revised as needed to ensure the deficient will not recur. To be completed by the Regional Administrator by 02/10/09. Pen + Ink 3/10/09 1:45PM Teresa stated if necessary Law Enforcement will be notified Sherri Cara	

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W 153	Continued From page 4 resulted in the potential for on-going abuse to occur without appropriate corrective action being taken. The findings include: 1. The facility's Abuse, Neglect Mistreatment and Injuries of an Unknown Source policy, updated 10/2/08, stated employees were required to report "any incidents or alleged incidents of abuse, neglect, mistreatment" to the Administrator immediately. The Administrator stated on 2/3/09 at 11:55 a.m., that she was currently investigating an allegation related to staff verbally abusing Individuals #2 and #3 and physically abusing Individual #1. The Administrator stated a staff person reported to her the day before (on 2/2/09) that staff were yelling at Individuals #2 and #3 and one staff hit Individual #1. The Administrator stated the staff person reported the alleged abuse occurred on 1/29/09 and 1/30/09. When asked, the Administrator stated on 2/3/09 at 11:55 a.m. staff should have reported the allegation of abuse immediately to the Administrator. Additionally, a child protection worker arrived at the facility on 2/4/09 at approximately 5:15 p.m., at which time the Administrator stated she had not contacted Child Protection. The facility failed to ensure all allegations of abuse were immediately reported to the Administrator and the child protection agency.	W 153		
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged	W 154		

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W 149	Continued From page 3 An investigation report, dated 2/3/09, did not include a referral to law enforcement or to the child protection agency. A child protection worker did arrive at the facility on 2/4/09 at approximately 5:15 p.m., and at that time the Administrator stated she had not called child protection as the survey team had arrived on 2/3/09. When asked during a follow up interview on 2/11/09 at 9:31 a.m., the Administrator stated the abuse policy did not include procedures to be followed when an allegation of abuse was received for individuals under 18 years of age. 2. Refer to W153. 3. Refer to W154. 4. Refer to W157.	W 149		
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on review of the facility's policies and procedures and staff interviews, it was determined the facility failed to ensure all allegations of abuse were immediately reported to the administrator and to other officials in accordance with State law for 3 of 7 individuals (Individuals #1 - #3) residing in the facility. This	W 153	**W 153 483.420(d)(2) STAFF TREATMENT OF CLIENTS** In- service Training will occur monthly on the Abuse Policy, staff will be quizzed on the Abuse Policy. This will happen in new staff orientation as well, to make sure the deficient will not recur. To be completed by the Administrator, & RSC by 02/10/09.	

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W 154	Continued From page 5 violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on review of investigations and staff interviews, it was determined the facility failed to ensure all allegations of abuse were thoroughly investigated for 3 of 3 individuals (Individuals #1 - #3) for whom abuse was alleged and investigated. This resulted in a lack of information being available on which to base appropriate corrective action. The findings include: An investigation, dated 2/3/09, documented a staff member reported staff were yelling at Individuals #1, #2 and #3. The staff member also reported a staff slapped Individual #1 in the chest. The investigation documented the alleged abuse occurred on 1/29/09 and 1/30/09. The schedule for staff who worked on 1/29/09 and 1/30/09 documented no less than 7 direct care staff worked on those days. However, the investigation report included only 3 hand written statements from direct care staff. The investigation report stated 2 additional staff provided verbal statements to the Administrator. However, there was no evidence that written statements were obtained to verify the verbal statements made by the staff. Further, the investigation report did not contain evidence that any individuals were interviewed. When asked, the Administrator confirmed on 2/11/09 at 3:00 p.m., she had 3 hand written statements from direct care staff and had 2 verbal statements from direct care staff. The Administrator stated she had interviewed	W 154	**W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS** The Administrator will get written statements from all employee's whom are working during an investigation, the Administrator will interview all employee's involved, with a witness present during the interview process. The RSC will be involved to double check all of the investigation to ensure the deficient will not recur. To be completed by the Administrator, & RSC by 03/10/09. Pen + ink 3/10/09 1:47 It will be documented individuals are interviewed D Case	

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W 154	Continued From page 6 individuals, however, she had not included the information in the investigation report. The facility failed to ensure the allegation of abuse was thoroughly investigated.	W 154		
W 157	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. This STANDARD is not met as evidenced by: Based on review of the facility's policies and procedures, record review, and staff interviews it was determined the facility failed to ensure appropriate corrective action was taken for 3 of 3 individuals (Individual #1 - #3) for whom an investigation was completed and had the potential to negatively impact all individuals residing at the facility. This resulted in a lack of staff training related to immediate reporting of potential abuse, neglect, and mistreatment. The findings include: The facility's Abuse, Neglect, Mistreatment and Injuries of an Unknown Source policy, updated 10/2/08, stated employees were required to report "any incidents or alleged incidents of abuse, neglect, mistreatment" to the Administrator immediately. The Administrator stated on 2/3/09 at 11:55 a.m., that she was currently investigating an allegation related to staff verbally abusing Individuals #2 and #3 and physically abusing Individual #1. The Administrator stated a staff person reported to her the day before (on 2/2/09) that staff were yelling at Individuals #2 and #3 and one staff hit Individual #1. The Administrator stated the staff	W 157	**W 157 483.420(d)(4) STAFF TREATMENT OF CLIENTS** Refer to W 153	

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W 157	Continued From page 7 person reported the alleged abuse occurred on 1/29/09 and 1/30/09. On 2/5/09, the Administrator provided a copy of the investigation to the survey team. The investigation showed the facility's corrective action was to counsel staff on "proper tone of voice" and one staff was given a written warning for inappropriate language. However, the investigation did not include any corrective action related to staff's failure to immediately report all allegations of abuse to the Administrator. When asked, on 2/5/09 at 11:05 a.m., the Administrator stated she had previously trained staff numerous times on reporting immediately and was unsure what more to do. The facility failed to ensure corrective action was taken to ensure all allegations of abuse were immediately to the Administrator.	W 157		
W 289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure techniques used to manage inappropriate behavior were incorporated into the program plan for 1 of 3 individuals (Individual #3) whose	W 289	**W 289 483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR** For Behavior clients residing at Courtyard whom require one on one staffing, it will be written in the behavior plan, and the IPP, as well as an instruction sheet in the front of there active treatment book. This will be done with all clients requiring one on one staffing to ensure the deficient will not recur. To be completed by the Administrator, & AQMRP by 03/31/09	

3/10/09 1:49
Will be reviewed quarterly on Q checklist
S Core

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W 289	Continued From page 8 behavior interventions were reviewed. This resulted in a behavior intervention being used which was not included in an individual's program plan. The findings include: 1. Individual #3's 12/30/08 IPP stated he was an 18 year old male diagnosed with profound mental retardation. On 2/3/09 from 10:44 a.m. - 12:03 p.m., Individual #3 was noted to have a one to one staff with him. During that time, the staff person read to him, assisted him to use the bathroom, and assisted him to prepare for lunch. Individual #3's IPP did not include information related to his one to one staff. When asked, the staff person working with Individual #3 stated on 2/3/09 at 11:35 a.m., there were no guidelines for one to one staff, but that it generally meant staff needed to stay within 5 feet of Individual #3 so he could be seen at all times. When asked, a second staff assigned to Individual #3 stated on 2/4/09 at 8:19 a.m., one to one meant staff should be within arms length of him at all times. When asked, the QMRP stated during an interview on 2/4/09 at 8:54 a.m., one to one for Individual #3 was not within arms length; one to one for Individual #3 was "within line of sight." The QMRP stated that Individual #3 had one to one staffing because of his aggression and self injurious behavior. Individual #3's Behavior Intervention Plan, dated 7/1/08, defined aggression as hitting, pinching, scratching, slapping and pulling hair, and self injurious behavior as hitting self, biting self, and banging	W 289		

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W 289	Continued From page 9 his head. When asked the QMRP stated guidelines for Individual #3's one to one staff were not incorporated into his Behavior Intervention Plan. The facility failed to ensure Individual #3's Behavior Intervention Plan incorporated the use of one to one staffing.	W 289		
W 381	483.460(I)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observation and staff interview, it was determined the facility failed to ensure drugs were stored securely for 7 of 7 individuals (Individuals #1 - #7) residing at the facility. This resulted in controlled drugs not being kept under a double lock system. Findings include: During an interview with the Administrator on 2/5/09 at 10:45 a.m., a prescription bottle was noted to be sitting on the window sill. The prescription for Actamine/Codeine #3 was for an individual in another facility owned by the same company. The Nursing 2008 Drug Handbook stated Actamine/Codeine #3 was a Schedule III controlled substance. When asked, during the above noted interview, about the medication the Administrator stated the medication should not have been unlocked in the office but should have been locked in the control count box.	W 381	**W 381 483.460(I)(1) DRUG STORAGE AND RECORDKEEPING** All meds will be destroyed when outdated, and all narc meds will be kept under double lock. The Administrator will check on all narcotics daily upon rounds to ensure the deficient will not recur. To be completed by the Administrator, and LPN by 03/10/09.	

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OMB NO. 0938-0391

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	13G057	A. BUILDING _____ B. WING _____	C 02/05/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - COURTYARD	615 SECOND AVENUE WEST WENDELL, ID 83355

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 381	Continued From page 10 The facility failed to ensure all controlled drugs were kept under a double lock system.	W 381		

PRINTED: 02/25/2009
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G057	A. BUILDING _____ B. WING _____	C 02/05/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - COURTY/	615 SECOND AVENUE WEST WENDELL, ID 83355

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MM177	16.03.11.075.09 Protection from Abuse and Restraint Protection from Abuse and Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). This Rule is not met as evidenced by: Refer to W149, W153, W154 and W157.	MM177	MM177 16.03.11.075.09 Protection from abuse and Restraint Refer to W149, W153, W154, W157 RECEIVED MAR 10 2009 FACILITY STANDARDS	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W289.	MM197	MM197 16.03.11. 075.10(d) Written Plans Refer to W289	
MM231	16.03.11.080.03(a) Informed of Activities To be informed of activities related to the resident that may be of interest to them or of significant changes in the resident's condition; and This Rule is not met as evidenced by: Refer to W148.	MM231	MM231 16.03.11.080.03(a) Informed of Activities Refer W289	
MM419	16.03.11.120.06(b) Medical Supplies and Equipment The facility must provide safe and adequate storage of medical supplies and equip a space appropriate for the preparation of medications. This Rule is not met as evidenced by:	MM419	MM419 16.03.11.120.06(b) Medical Supplies and Equipment Refer to W381	

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MM419	Continued From page 1 Refer to W381.	MM419		

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
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Boise, ID 83720-0036
PHONE 208-334-6626
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February 26, 2009

Teresa Carpenter
Preferred Community Homes - Courtyard
615 Second Avenue West
Wendell, ID 83355

Provider #13G057

Dear Ms. Carpenter:

On **February 5, 2009**, a complaint survey was conducted at Preferred Community Homes - Courtyard. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003972

Allegation: Individuals are being abused by staff.

Findings: An unannounced on-site investigation was conducted on 2/3/09 - 2/5/09. During that time, observations and interviews were conducted with facility staff, school personnel, guardians, and individuals. The facility's incident/accident reports, investigations, and individuals' records were reviewed with the following results:

Observations were conducted in the facility on 2/3/09 and 2/4/09 for a cumulative 3 hours 58 minutes. During that time, staff were noted to interact appropriately with the individuals.

During the course of the investigation, no less than 11 direct care staff were interviewed. All of the staff reported they had not witnessed any abuse to the individuals. One staff stated they needed to be "firm sometimes, but that there is a big difference between firm and yelling" with the individuals. No less than four school staff were interviewed. One of the four school staff stated it was felt the facility did not allow the individuals "to be kids." Two guardians were interviewed. Both guardians reported they had not witnessed any abuse to the individuals.

One individual was interviewed. The individual reported staff "yelled" at another individual when that individual ran away.

The Administrator stated on 2/3/09 at 11:55 a.m., that she was currently investigating an allegation related to staff verbally abusing two individuals and physically abusing a third individual. The Administrator stated a staff person reported the allegation to her on 2/2/09 and that the alleged abuse occurred on 1/29/09 and 1/30/09.

The facility's Abuse, Neglect, Mistreatment and Injuries of an Unknown Source policy, dated 10/2/08, stated employees were required to report "any incidents or alleged incidents of abuse, neglect, mistreatment" immediately to the Administrator. When asked, the Administrator stated on 2/3/09 at 11:55 a.m. the allegation was reported to her on 2/2/09 but should have been reported immediately. Further, the facility's Abuse, Neglect, Mistreatment and Injuries of an Unknown Source policy did not include procedures related to notification of the child protection agency. The Administrator stated Child Protection was not notified.

Therefore, deficient practice was identified and cited at W149 and W153 as they related to all allegations of abuse being immediately reported to the Administrator and the Child Protection agency as required by state law.

The three individuals' alleged to have been abused Parent Notification List forms were reviewed. Two of the three forms showed individuals' guardians wanted to be immediately notified of any investigation involving the individual. When asked, the Administrator stated on 2/5/09 at 10:45 a.m., guardians were not notified until the morning of 2/3/09.

Therefore, deficient practice was identified and cited at W148 related to prompt guardian notification.

The investigation report, dated 2/3/09, included three hand written statements from direct care staff. However, the as-worked schedule for 1/29/09 and 1/30/09 showed no less than 7 direct care staff worked. The investigation report stated two additional staff provided verbal statements to the Administrator but there was no evidence that written statements were obtained to verify the verbal statements. Further, there was no evidence that any individuals residing in the facility were interviewed. When asked, the Administrator stated on 2/11/09 at 3:00 p.m., no other statements were obtained and individuals residing in the facility were interviewed but the information was not included in the investigation report.

Therefore, deficient practice was identified and cited at W154 as it related to thorough investigations.

Additionally, the 2/3/09 investigation report did not address staff's failure to immediately report all allegations of abuse to the Administrator or contain any corrective action related to staff's failure to immediately report allegations of abuse.

Therefore, deficient practice was identified and cited at W157 as it related to appropriate corrective action.

In sum, due to the lack of sufficient evidence, the allegation was unsubstantiated. However, deficient practice was identified and cited at W148, W149, W153, W154, and W157.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

SHERRI CASE
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

SC/mlw

IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

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February 26, 2009

Teresa Carpenter
Preferred Community Homes - Courtyard
615 Second Avenue West
Wendell, ID 83355

Provider #13G057

Dear Ms. Carpenter:

On **February 5, 2009**, a complaint survey was conducted at Preferred Community Homes - Courtyard. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003973

Allegation: Individuals are being abused by staff.

Findings: An unannounced on-site investigation was conducted on 2/3/09 - 2/5/09. During that time, observations and interviews were conducted with facility staff, school personnel, guardians, and individuals. The facility's incident/accident reports, investigations, and individuals' records were reviewed with the following results:

Observations were conducted in the facility on 2/3/09 and 2/4/09 for a cumulative 3 hours 58 minutes. During that time, staff were noted to interact appropriately with the individuals.

During the course of the investigation, no less than 11 direct care staff were interviewed. All of the staff reported they had not witnessed any abuse to the individuals. One staff stated they needed to be "firm sometimes, but that there is a big difference between firm and yelling" with the individuals. No less than four school staff were interviewed. One of the four school staff stated it was felt the facility did not allow the individuals "to be kids." Two guardians were interviewed. Both guardians reported they had not witnessed any abuse to the individuals.

One individual was interviewed. The individual reported staff "yelled" at another individual when that individual ran away.

The Administrator stated on 2/3/09 at 11:55 a.m., that she was currently investigating an allegation related to staff verbally abusing two individuals and physically abusing a third individual. The Administrator stated a staff person reported the allegation to her on 2/2/09 and that the alleged abuse occurred on 1/29/09 and 1/30/09.

The facility's Abuse, Neglect, Mistreatment and Injuries of an Unknown Source policy, dated 10/2/08, stated employees were required to report "any incidents or alleged incidents of abuse, neglect, mistreatment" immediately to the Administrator. When asked, the Administrator stated on 2/3/09 at 11:55 a.m. the allegation was reported to her on 2/2/09 but should have been reported immediately. Further, the facility's Abuse, Neglect, Mistreatment and Injuries of an Unknown Source policy did not include procedures related to notification of the child protection agency. The Administrator stated Child Protection was not notified.

Therefore, deficient practice was identified and cited at W149 and W153 as they related to all allegations of abuse being immediately reported to the Administrator and the Child Protection agency as required by state law.

The three individuals' alleged to have been abused Parent Notification List forms were reviewed. Two of the three forms showed individuals' guardians wanted to be immediately notified of any investigation involving the individual. When asked, the Administrator stated on 2/5/09 at 10:45 a.m., guardians were not notified until the morning of 2/3/09.

Therefore, deficient practice was identified and cited at W148 related to prompt guardian notification.

The investigation report, dated 2/3/09, included three hand written statements from direct care staff. However, the as-worked schedule for 1/29/09 and 1/30/09 showed no less than 7 direct care staff worked. The investigation report stated two additional staff provided verbal statements to the Administrator but there was no evidence that written statements were obtained to verify the verbal statements. Further, there was no evidence that any individuals residing in the facility were interviewed. When asked, the Administrator stated on 2/11/09 at 3:00 p.m., no other statements were obtained and individuals residing in the facility were interviewed but the information was not included in the investigation report.

Therefore, deficient practice was identified and cited at W154 as it related to thorough investigations.

Further, the 2/3/09 investigation report did not address staff's failure to immediately report all allegations of abuse to the Administrator or contain any corrective action related to staff's failure to immediately report allegations of abuse.

Therefore, deficient practice was identified and cited at W157 as it related to appropriate corrective action.

In sum, due to the lack of sufficient evidence, the allegation was unsubstantiated. However, deficient practice was identified and cited at W148, W149, W153, W154, and W157.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

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